FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMI	APPROVA	\L					
OMB Num	ber:						
Expires:							
Estimated a	verage burde	en					
hours per re	sponse1						
SE	C USE ONLY	,					
Prefix		Serial					
DATE RECEIVED							
ł	}						

Name of Offering (check if this is an amendment and name has changed, and indicate change.) First Look Studios, Inc Issuance of Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE RECEIVED
A. BASIC IDENTIFICATION DATA	
 Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) First Look Studios, Inc. 	APR 0 3 2007
Address of Executive Offices (Number and Street, City, State, Zip Code) 2000 Avenue of the Stars, Suite 410, Los Angeles, California 90067	Telephone Number (Including Area Code) (424) 202-5000
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code) Same
Brief Description of Business Motion Picture Production, Acquisition and Distribution Company	PROCESSE
Type of Business Organization Corporation limited partnership, already formed other business trust limited partnership, to be formed other	F (please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated
CN for Canada; FN for other foreign jurisdiction)	D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			A	. BASIC IDI	ENTII	FICATION DATA				
 Each beneficial own 	issuer er havi er and	, if the issuer hing the power to director of cor	ias been o vote o porate is	ssuers and of corporat	e vote					securities of the issuer; nd
Check Box(es) that Apply:		Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	indivi	duál)								
PFLM LLC									,	
Business or Residence Addres	s (Nu	mber and Stre	et, City	, State, Zip Code)				•		
623 Fifth Avenue, 32nd Floo	r, Nev	v York, New	York !	0022						
Check Box(es) that Apply:		Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	indivi	dual)								
Winterstern, Henry										
Business or Residence Addres	ss (Nu	mber and Stre	et, City	, State, Zip Code)						
1707 Tropical Avenue, Beve	rly Hi	lis, Californi	9021	0						
Check Box(es) that Apply:		Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	indivi	dual)				· · · · · · · · · · · · · · · · · · ·				
Rosemary Street Production	ıs, LL	с								
Business or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)		<u> </u>				
222 East 44th Street, New Y										
Check Box(es) that Apply:		Promoter	×	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	indiv	idual)								
Nu Image FLS Investment,	LLC									-
Business or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)		•				
6423 Wilshire Boulevard, L	os An	geles, Califor	nia 90	048				•		
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, it	findiv	idual)								
Cooney, Christopher										
Business or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)						
2000 Avenue of the Stars, S	uite 41	0, Los Angel	es, Cal	ifornia 90067	•					
Check Box(cs) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, it	findiv	idual)			•					
Goldstein, Mitchell										<u> </u>
Business or Residence Addre	ss (Nu	mber and Stre	ct, City	, State, Zip Code)						
2000 Avenue of the Stars, S	uite 41	lo, Los Angel	es, Cal	lfornia 90067						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Parmer
Full Name (Last name first, it	findiv	idual)								
Phillips, Charles		,								
Business or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)						
2000 Avenue of the Stars, S	•			. ,						

Check Box(es) that Apply:		Promoter		Beneficial Owner	X	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f indivi	idual)	,,,,					
Shore, Richard							 	
Business or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)				
2000 Avenue of the Stars, S	uite 41	0, Los Angel	es, Cali	ifornia 90067				
Check Box(es) that Apply:		Promoter		Beneficial Owner	Ø	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	findiv	idual)					 	
Sullivan, Reid								
Business or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)		<u></u>		
2000 Avenue of the Stars, S	uite 41	0, Los Angel	les, Cal	ifornia 90067				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)	- 				 	 ,
Business or Residence Addre	ss (Nu	mber and Stre	eet, City	, State, Zip Code)			 _ 	
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)		= · · ·				
Business or Residence Addre	ess (Nu	mber and Str	eet, City	, State, Zip Code)			 	
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if indiv	ridual)						<u>-</u>
Business or Residence Addre	ess (Nu	mber and Str	ect, City	y, State, Zip Code)			 	
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if indiv	idual)						
Business or Residence Addre	ess (Nu	ımber and Str	eet. Cit	y, State, Zip Code)			 	

							<u></u>		-		Yes	N
. Has the	issuer sold,	or does the is	suer intend t	o sell, to no	n-accredited in	nvestors in t	his offering?	i	••••••	·		ĺΣ
					also in Appen		_					
. What is	the minimu	n investment	that will be	accepted fr	om any indivi	dual?	•••••••••••		***************************************		\$ <u>1.11</u>	
. Does th	e offering po	rmit joint ow	nership of a	single unit	?			******************			Yes	, N
remune person	ration for sol or agent of a re (5) persons	icitation of p broker or dea	urchasers in o ler registered	onnection with the S	een or will be with sales of se EC and/or with such a broker	curities in the	e offering. It ates, list the r	f a person to b name of the bi	e listed is an oker or deal	associated er. If more		
full Name (I	ast name fin	st, if individu	al)									
N/A	2 '1 .		1.0									
Susiness or I	Kesidence Ad	iaress (Numt	er and Street	i, City, Stat	e, Zip Code)							
Name of Ass	ociated Brok	er or Dealer			<u></u>			··				
						_			·			
States in Wh	ich Person L	isted Has Sol	icited or Inte	nds to Soli	cit Purchasers							
(Check "/	All States" or	check individual	duals States)			***************************************		***************************************		***************************************		.II States
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[IL]	[IN]	[[A]]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(ОН)	[OK]	(OR)	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	`[P R]
full Name (Last name fir	st, if individu	ıal)			·	-		·····			···
Business or	Residence A	idress (Num)	per and Stree	t, City, Star	te, Zip Code)						· <u>-</u> -	
Name of As	sociated Brol	er or Dealer					<u> </u>					
States in Wh	nich Person L	isted Has So	licited or Inte	nds to Soli	cit Purchasers							
(Check "/	All States" or	check indivi	duals States)				••••••					All States
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[IL]								OID			_	
[IL] [MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]

[Click Here and choose Add Section B Page button from Toolbar to add more names or Click and press DEL.]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
١,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already . Sold
	Debt	s	\$0
	Equity	\$ <u>12,000,000.00</u>	\$ <u>12,000,000.00</u>
	☐ Preferred		
	Convertible Securities (including warrants)	\$ 5,000,000.55	\$0
	Partnership Interests	\$0	so
	Other (Specify)	S0_	so
	Total	\$_17,000,000.55	\$ <u>12,000,000.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	1	\$_12,000,000.00
	Non-accredited Investors	0	s0.00
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	so
	Regulation A	0 -	s 0
	Rule 504	0	so
	Total	0	so
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	⊠	\$2,000.00_
	Printing and Engraving Costs		\$ 0.00
	Legal Fees	\boxtimes	\$ 75,000.00
	Accounting Fees	\boxtimes	\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)	<u> </u>	\$0.00
	Other Expenses (identify)		5 0.00
	Total	_ ⊠	\$ 77,000.00
		_	

	C. OFFERING P	RICE, NUMBER OF IN	VESTORS, EXPENSES ANI	USE OF PRO	OCEEDS	·	
	b. Enter the difference between the aggregate total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This diffe	rence is the *adjusted gross			\$ <u>11,923,0</u>	00.00
5.	Indicate below the amount of the adjusted gross the purposes shown. If the amount for any purp left of the estimate. The total of the payments forth in response to Part C - Question 4.b above	ose is not known, furnish listed must equal the adju	an estimate and check the box to	the			
	(Payme Officers, D Affili	irectors &	Payment Other	
_	Salaries and fees			🗆 s	0.00	□ s	0.00
	Purchase of real estate			🗆 s	0.00	□ s	0.00
	Purchase, rental or leasing and installation of	machinery and equipment		🗆 s	0.00	□ s	0.00
	Construction or leasing of plant buildings and	facilities		🗆 s	0.00	□ s	0.00
	Acquisition of other businesses (including the used in exchange for the assets or securities o				0.00	□ s	0.00
	Repayment of indebtedness			🗀 s	0.00	s	0.00
	Working capital	·······		🗆 s	0.00	∑ \$ <u>11,923.</u>	000.00
	Other (specify):	•		🗆 \$	0.00	□ s	
	Column Totals			🗆 s	0.00	∑ \$ <u>11.923.</u>	00.00
	Total Payments Listed (column totals ad	lded)	······································		⊠ 5 <u>11,92</u>	3,000.00	
_		D. FEDI	CRAL SIGNATURE				
und	e issuer has duly caused this notice to be signed by the lertaking by the issuer to furnish the U.S. Securitie redited investor pursuant to paragraph (b)(2) of Ru	s and Exchange Commission					
lss	uer (Print or Type)	Signature	- Q	Date	· <u> </u>		
	RST LOOK STUDIOS, INC.			MARCH 20, 2	007	·	
	me of Signer (Print or Type)	Title of Signer (Print	or Type)				
RIC	CHARD SHORE	SECRETARY		·	<u></u>	<u> </u>	

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes []	No ⊠
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice o 239.500) at such times as required by state law.	n Form D	(17 CFR
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the	e issuer to	offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemptestablishing that these conditions have been satisfied.		
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the thorized person.	undersigne	d duly

Issuer (Print or Type)	Signature	Date
FIRST LOOK STUDIOS, INC.		MARCH 20, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
RICHARD SHORE	SECRETARY	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		·——·			APPENDIX				
1	Intend to non-acconvestors (Part B-I	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of inv amount purcha (Part C-I		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL) <u> </u>	
AK						1		1	
AZ									
AR						·			
CA		X	\$12,000,000.00	1	\$12,000,000.00	0	\$0.00		X
со									
СТ			·						
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